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\*\* CONTINUING DATA \*\*\*\*\* MT  
 NONE

\*\* FOREIGN APPLICATIONS \*\*\*\*\* MT  
 NONE

\*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 30	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <i>Marcus Tamm</i> MT Initials				

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TITLE

Positron emission tomography wrist detector

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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